

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90016 030 ***150.00

DOCUMENT # P95000090128

1. Corporation Name

MACY'S TERMITE & PEST CONTROL COMPANY

Principal Place of Business

6636 NORTH BISCAYNE DRIVE
NORTH PORT FL 34286
US

Mailing Address

6636 NORTH BISCAYNE DRIVE
NORTH PORT FL 34286
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1995

4. FEI Number

65-0628751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 507B E. LAUREL RD.

2a. Mailing Address

26 P.O. Box 1149

Suite, Apt. #, etc.

27 City & State

28 NOKOMIS, FL

Zip

Country

29 34274-1149

30 USA

City & State

23 NOKOMIS, FL

City & State

28 NOKOMIS, FL

Zip

Country

29 34274-1149

30 USA

9. Name and Address of Current Registered Agent

KING, CLIFFORD M
100 WALLACE AVE.
SUITE 300
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name

KING, CLIFFORD M.

82 Street Address (P.O. Box Number is Not Acceptable)

1800 SECOND ST. STE. 855

83

84 City

SARASOTA

FL

85 Zip Code

34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
KING, CLIFFORD M
100 WALLACE AVENUE SUITE 380
SARASOTA FL 34237 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MACY, JOHN P.
6636 N. BISCAYNE DR.
NORTH POINT FL 34286 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
DEAN A BURNGIDE
4259 ARROW AVE
SARASOTA FL 34232 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1800 SECOND ST. STE. 855
SARASOTA, FL 34286 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
P, VP, T, D
DEAN BURNIDE ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean Burnide
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

941-412-9610

Daytime Phone #

CR2F034 (11/98)